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CONFIRMATION NO. 3550

<b>SERIAL NUMBER</b> 10/518,214	<b>FILING OR 371(c) DATE</b> 12/16/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> H1089/20024
<b>APPLICANTS</b> , Reddy Bandi Parthasaradhi, Hyderabad, INDIA; Reddy Kura Rathnakar, Hyderabad, INDIA; Reddy Rapolu Raji, Hyderabad, INDIA; , Reddy Dasari Muralidhara, Hyderabad, INDIA; Reddy Kesireddy Subash Chander, Hyderabad, INDIA;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IN03/00251 07/25/2003				
<b>** FOREIGN APPLICATIONS *****</b>  <div style="text-align: center;">** SMALL ENTITY **</div>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> INDIA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 18
		<b>INDEPENDENT CLAIMS</b> 5		
<b>ADDRESS</b> 03000				
<b>TITLE</b> Aripiprazole crystalline forms				
<b>FILING FEE RECEIVED</b> 650	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	